

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

JUN 4 1935

14233

**1. PLACE OF DEATH**

County St. Louis Registration District No. 780  
 Township Central Primary Registration District No. 60335  
 City Clayton (No. St. Louis County Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

(a) Residence, No. Highway # 77 St. \_\_\_\_\_ Ward. Sappington Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otto Langheinrich  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-10-1853  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
81 0 6.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo  
 13. NAME ? Kruselbach  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Otto Langheinrich Sappington Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Lucas DATE 4-18-1935

19. UNDERTAKER (ADDRESS) Louis H Bopp Kirkwood Mo

20. FILED 4/16/35 1935 Kott J. Ambrose Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16-1935  
 22. I HEREBY CERTIFY, That I attended deceased from 12-12, 1934, to 4-16, 1935  
 I last saw him alive on 4-15, 1935. Death is said to have occurred on the date stated above, at 1:00 A. m.  
 The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia  
Cardiac Decompensation  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Asmthatic Bronchitis  
Serulidity  
Fract. of femur (healed)  
 Date of operation \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Acc. death, suicide, or homicide? \_\_\_\_\_ Date of injury 12-7, 1934  
 Where did injury occur? Home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Fract. of femur  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so specify \_\_\_\_\_ M. D. Oran A. Jensen  
 (Address) St. Louis County Hosp. Clayton, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

To be OK'd by owner

96  
2  
7

10  
10

